Permit #F00165329

FilmL.A., Inc.
6255 W Sunset Blvd, 12th Floor
Hollywood, CA 90028
t: (213)977-8600 - f: (213)977-8601
www.filmla.com

Summary Information

Permit No: F00165329 **Type of Permit:** FILMING **Release Date:** 10/02/2020

Production Company	ROCKMAN PRODUCTIONS	**Producer**	Samantha Rockman
Insured Company Name	ROCKMAN PRODUCTIONS	**Director**	Logan Rice
Contact Phone No. 1	323-202-0403	**1st AD**	n/a n/a
Contact Phone No. 2		**Production Manager**	Samantha Rockman
Fax		**FilmL.A. Coordinator**	CJ Leavens
Address	191 PALATINE DRIVE ALHAMBRA, California 91801	**Location Manager**	Samantha Rockman
Production Title	CNE KG PERFECT NIGHT	Primary Phone	Mobile - 310-709-3327
Type of Production	Documentary	Secondary Phone	
		Location Assistant	n/a n/a
		Primary Phone	Mobile - 000-000-0000
		Secondary Phone	

Fees

Notification Charge	$173.00	**Total Permit Fee**	$957.00
FILMLA NON-REFUNDABLE FILM APPLICATION FEE	$699.00	**Number of Locations**	1
LA CITY FIRE DEPARTMENT SPOT CHECK SURCHARGE	$85.00		

NOT A PERMIT

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Summary Information — Location

Permit Number F00165329
Production Company ROCKMAN PRODUCTIONS
Insured Company ROCKMAN PRODUCTIONS
Production Title CNE KG PERFECT NIGHT

Location Manager Samantha Rockman
Primary Phone Mobile - 310-709-3327
Secondary Phone

Location Address 2035 N. Edgemont Street, Los Angeles, CA, 90027

Location Type Private Residence

Film Dates 10/5/2020 - 10/5/2020 08:00 - 18:00 1 day

Open or Closed to the Public Closed

Generic Conditions *** MUST COMPLY WITH ATTACHED REOPENING PROTOCOL FOR MUSIC, TELEVISION AND FILM PRODUCTION: APPENDIX J EFFECTIVE AS OF FRIDAY, JUNE 12, 2020.***
THE CONSUMPTION OF ALCOHOLIC BEVERAGES AND THE USE OF DRUGS, INCLUDING MARIJUANA, ON LOCATION BY ANY CAST, CREW, OR INVITED GUESTS IS STRICTLY PROHIBITED.
*Certain service and personnel fees required by jurisdictional agencies are not collected by FilmL.A. Any such fees must be paid directly to the appropriate agency, and a separate invoice will be provided to the permittee.
All vehicles must be parked on private property
Must comply with attached conditions
Must Maintain 5' Clearance on Sidewalks/Walkways
Must maintain local/emergency access
No cast or crew parking on area streets
No interference with merchant activity.
No interference with vehicular or pedestrian traffic
No stopping or setting up in front of merchants or residents without prior approval

Please see attached document 10.2.F00164904-A.1214SStAndrewsPl.CJI.pdf

Equipment on Location

Type	Quantity
Vans	2

Personnel on Location

Type	Quantity
Cast	1
Crew	9

Filming Activities Camera on sticks; Equipment on property; Exterior Dialogue; Exterior establishing shots; Exterior models against scenery; Exterior motion without sound; Handheld equipment; Interior Dialogue; Interior models against scenery; Interior motion without sound; Interviews in various areas of the house. BTS;

Jurisdiction **Political:** Los Angeles City - Council District 04 **Police:** Los Angeles Police Department **Fire:** Los Angeles City

Thomas Guide **Page:** 593 **Grid:** J3

Approvals LOS ANGELES CITY POLICE DEPARTMENT Melissa Hernandez

Coordinator Note Person Responsible for Covid-19 Compliance: Carlos Gonzales
Phone: 213-800-2774 or carlos_82591@yahoo.com

Coordinator Note ABSOLUTELY NO CAST/CREW CARS TO BE PARKED ON ANY AREA STREETS.

Parking

Base Camp
Location Type : Filming Location

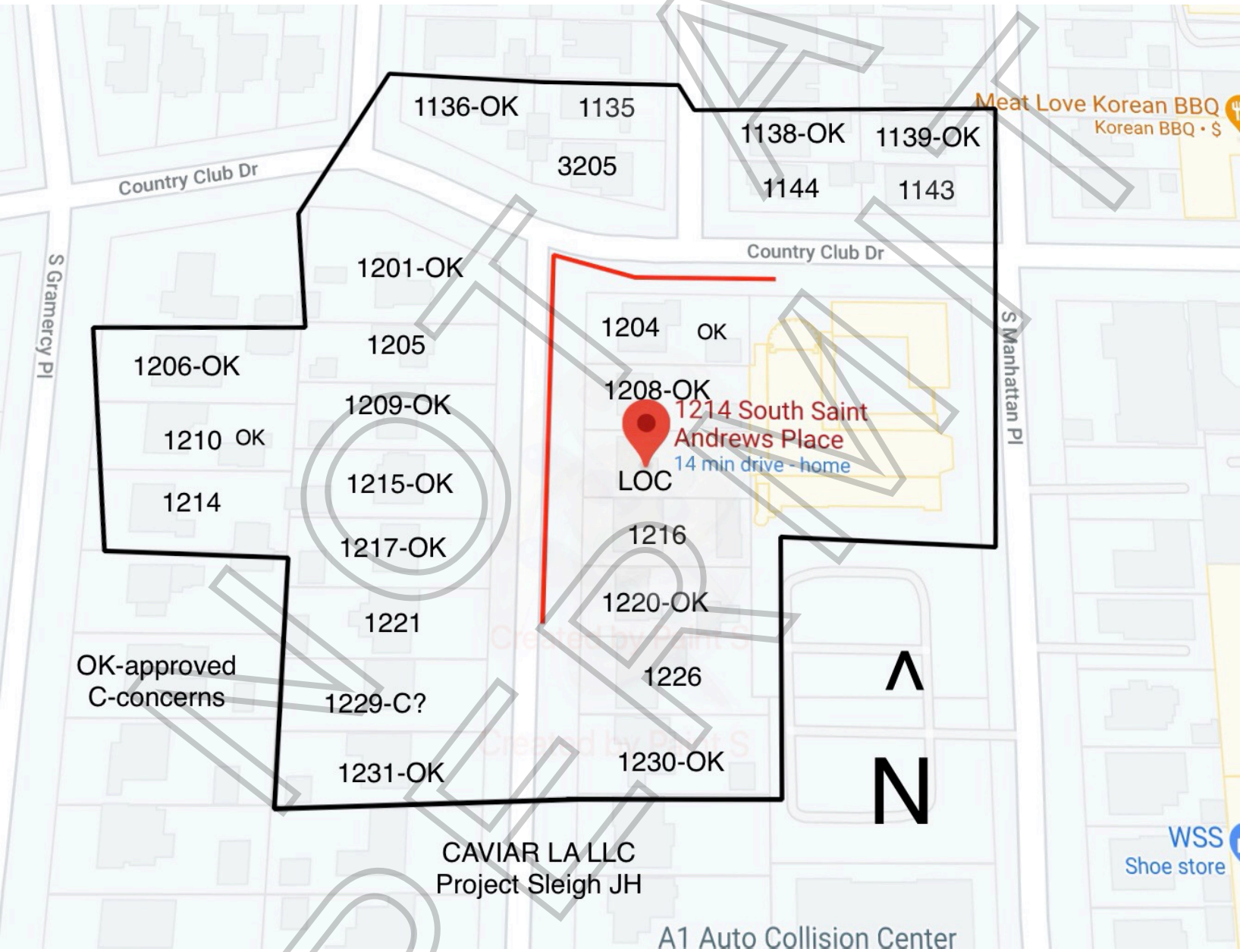
Crew Parking
Location Type : Filming Location

Parking Notes
ABSOLUTELY NO CAST/CREW CARS TO BE PARKED ON ANY AREA STREETS.

PRODUCTION TO RIDE SHARE TO LOCATION.

NOT A PERMIT

Permit #F00165329



VOID PERMIT

Permit #F00165329

*****PLEASE REVIEW, SIGN, AND LEAVE OUT FOR PICK UP. -THANK YOU*****

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6255 W. SUNSET BLVD., 12TH FLOOR, HOLLYWOOD, CA 90028
info@FilmLA.com • PHONE: (213) 977-8600
OFFICE HOURS:
Monday - Friday, 8 AM - 6 PM

DISTRIBUTED ON: 9 / 21 / 20 ___:___ ○AM ○PM

PERMIT APPLICATION #: F00164904

DEAR RESIDENT / BUSINESS REPRESENTATIVE,

Caviar LA, LLC (production company) is planning to film scenes of Project Sleigh JH - Commercial (project title)

at the following address: 1214 S St Andrews Pl

PROPOSED DATE(S): PREP: 10/1. FILM: 10/2. STRIKE:10/3

PROPOSED HOURS: PREP/STRIKE: 7am-9pm. FILM: 6am-10pm

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PRODUCTION ATTRIBUTES:

- ☐ PARKING
- ☐ STREET CLOSURES
- ☒ SPECIAL EFFECTS / SIMULATED GUNS — Atmospheric smoke effects
- ☒ OTHER — Equipment on property. Interior dialogue.

QUESTIONS?

YOU MAY CONTACT THE PRODUCTION COMPANY AT THE INFORMATION PROVIDED BELOW.

PRODUCTION REPRESENTATIVE: Max Simon (name) 310-621-3306 (phone #) jmaxsimon@mac.com (e-mail)

PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:

☒ **I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.**

☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY): ___

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Anne Kate Flores

ADDRESS: 1201 S. St. Andrews Pl

PHONE: ___ E-MAIL: ___

DATE: 10/28/20

☐ VERBAL FEEDBACK OBTAINED ON: / /

☒ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

In multiple-unit buildings, managers may sign on behalf of tenants as follows:

Total number of units in building: ___

Addresses signed for: ___

I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA.

MANAGER ADDRESS: ___

MANAGER SIGNATURE: ___

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR EMAIL / FAX A COPY TO ___ BEFORE: / /

GENERAL NOTE:

NO PERMIT

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(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Ricky

ADDRESS: 1210 S Gramercy Pl

PHONE: ___ E-MAIL: ___

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/29/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

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Total number of units in building: ___

Addresses signed for: ___

I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA

MANAGER ADDRESS: ___

MANAGER SIGNATURE: ___

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☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY):

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Elizabeth

ADDRESS: 1136 S Andrews Pl

PHONE: ___ E-MAIL: ___

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/30/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

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Total number of units in building: ___

Addresses signed for: ___

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MANAGER ADDRESS: ___

MANAGER SIGNATURE: ___

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GENERAL 1/2020

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QUESTIONS?

YOU MAY CONTACT THE PRODUCTION COMPANY AT THE INFORMATION PROVIDED (RIGHT)

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☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY):

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Elizabeth Hicks

ADDRESS: 1230 St Andrews Pl

PHONE: _____ E-MAIL: _____

DATE: 1 / 1

☑ VERBAL FEEDBACK OBTAINED ON: 9 / 29/20

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In multiple-unit buildings, managers may sign on behalf of tenants as follows:

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MANAGER ADDRESS: _____

MANAGER SIGNATURE: _____

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QUESTIONS?

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PRODUCTION REPRESENTATIVE: Max Simon (Name) 310-821-3306 (Phone #) maxsimon@mac.com (E-Mail)

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☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY): _____

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Osvaldo

ADDRESS: 1231 St Andrews Pl

PHONE: _____ E-MAIL: _____

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/2/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

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MANAGER ADDRESS: _____

MANAGER SIGNATURE: _____

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GENERAL 1/2020

DRAFT NOT FOR PERMIT

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☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY): ___

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Courtney

ADDRESS: 1209 St Andrews Pl

PHONE ___ E-MAIL ___

DATE 1 / 1

☒ VERBAL FEEDBACK OBTAINED ON: 9/29/20

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☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY):

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Mark

ADDRESS: 1136 Country Club

PHONE: _____ E-MAIL: _____

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/24/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

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GENERAL 1 (2/12)

NOT A PERMIT

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PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:

☑ **I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.**

☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY):

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: D. Sparks

ADDRESS: 1139 Manhattan Pl

PHONE: _____ E-MAIL: _____

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/29/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

In multiple-unit buildings, managers may sign on behalf of tenants as follows:

Total number of units in building: _____

Addresses signed for: _____

I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA

MANAGER ADDRESS: _____

MANAGER SIGNATURE: _____

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR EMAIL / FAX A COPY TO _____ BEFORE: / /

GENERAL 1.25.16

DRAFT NOT A PERMIT

Permit #F00165329

*****PLEASE REVIEW, SIGN, AND LEAVE OUT FOR PICK UP. -THANK YOU*****

FILMING SURVEY

FilmLA

This survey is distributed at the request of FilmLA — the office that coordinates on-location filming in your municipality. **Please note** — this survey is **not a request for permission to film.** It is purely an information gathering tool, which FilmLA will use to gauge concerns.

6255 W. SUNSET BLVD., 12TH FLOOR, HOLLYWOOD, CA 90028
info@FilmLA.com • PHONE: (213) 977-8600
OFFICE HOURS:
Monday - Friday, 8 AM - 6 PM

DISTRIBUTED ON: 9 / 24 /20 __ : __ ☐ AM ☐ PM

PERMIT APPLICATION #: F00164904

DEAR RESIDENT / BUSINESS REPRESENTATIVE,

Caviar LA, LLC (production company) is planning to film scenes of Project Sleigh JH - Commercial (project title)

at the following address: 1214 S St Andrews Pl

PROPOSED DATE(S): PREP: 10/1, FILM: 10/2, STRIKE:10/3

PROPOSED HOURS: PREP/STRIKE: 7am-8pm. FILM: 6am-10pm

PARKING DETAILS: Posted "No Parking": 10/1 & 10/3, 7a10p. East side of St Andrews Pl goig 100' in front of location.- 10/2, 6am-10pm - East side of S St Andrews Pl goign 300' in front of location. South side of Country Club dr from S St Andrews Pl going east 200'.

On-location filming is generally permissible in residential areas between the hours of **7:00 AM and 10:00 PM, Monday - Friday.** Weekend hours vary by zoning. Filming often involves temporary street parking restrictions adjacent to the film location.

PRODUCTION ATTRIBUTES:

- ☐ PARKING: _____
- ☐ STREET CLOSURES: _____
- ☒ SPECIAL EFFECTS / SIMULATED GUNS: Atmospheric smoke effects
- ☒ OTHER: Equipment on property, interior dialogue.

QUESTIONS?

YOU MAY CONTACT THE PRODUCTION COMPANY AT THE INFORMATION PROVIDED (RIGHT):

PRODUCTION REPRESENTATIVE: Max Simon (Name) 310-621-3306 (Phone #) jmaxsimon@mac.com (E-Mail)

PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:

☑ **I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.**

☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY): _____

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Elisa

ADDRESS: 1220 St Andrews Pl

PHONE: _____ E-MAIL: _____

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9 / 27/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

In multiple-unit buildings, managers may sign on behalf of tenants as follows:

Total number of units in building: _____

Addresses signed for: _____

I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA

MANAGER ADDRESS: _____

MANAGER SIGNATURE: _____

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR EMAIL / FAX A COPY TO _____ **BEFORE:** / /

GENERAL 11/2019

NOT A PERMIT

Permit #F00165329

*****PLEASE REVIEW, SIGN, AND LEAVE OUT FOR PICK UP. -THANK YOU*****

FILMING SURVEY

FilmLA

6255 W. SUNSET BLVD., 12TH FLOOR, HOLLYWOOD CA 90028

info@FilmLA.com • PHONE: (213) 977-8600

OFFICE HOURS:
Monday - Friday, 8 AM - 6 PM

This survey is distributed at the request of FilmLA — the office that coordinates on-location filming in your municipality. **Please note — this survey is not a request for permission to film.** It is purely an information gathering tool, which FilmLA will use to gauge concerns.

DISTRIBUTED ON: 9 / 16 / 20 __ : __ ○AM ○PM

PERMIT APPLICATION #: F00164904

DEAR RESIDENT / BUSINESS REPRESENTATIVE,

Caviar LA, LLC (production company) is planning to film scenes of Project Sleigh JH - Commercial (project title)

at the following address: 1214 S St Andrews Pl

PROPOSED DATE(S): PREP: 10/1, FILM: 10/2, STRIKE:10/3

PROPOSED HOURS: PREP/STRIKE: 7am-8pm, FILM: 6am-10pm

PARKING DETAILS: Posted "No Parking": 10/1 & 10/3, 7a10p. East side of St Andrews Pl goig 100' in front of location.- 10/2, 6am-10pm - East side of S St Andrews Pl goign 300' in front of location. South side of Country Club dr from S St Andrews Pl going east 200'.

On-location filming is generally permissible in residential areas between the hours of 7:00 AM and 10:00 PM, Monday - Friday. Weekend hours vary by zoning. Filming often involves temporary street parking restrictions adjacent to the film location.

PRODUCTION ATTRIBUTES:

- ☐ PARKING
- ☐ STREET CLOSURES
- ☒ SPECIAL EFFECTS / SIMULATED GUNS: Atmospheric smoke effects
- ☒ OTHER: Equipment on property, Interior dialogue.

QUESTIONS?

YOU MAY CONTACT THE PRODUCTION COMPANY AT THE INFORMATION PROVIDED (verify)

PRODUCTION REPRESENTATIVE: Max Simon (Name) 310-621-3306 (Phone #) lmaxsimon@mac.com (E-Mail)

PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:

☐ **I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.**

☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY): _____

Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: No Name

ADDRESS: 1217 St Andrews Pl

PHONE: _____ E-MAIL: _____

DATE: / /

☐ VERBAL FEEDBACK OBTAINED ON: 9/16/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

In multiple-unit buildings, managers may sign on behalf of tenants as follows:

Total number of units in building: _____

Addresses signed for: _____

I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA.

MANAGER ADDRESS: _____

MANAGER SIGNATURE: _____

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR EMAIL / FAX A COPY TO _____ BEFORE / /

NOT A PERMIT

Permit #F00165329

*****PLEASE REVIEW, SIGN, AND LEAVE OUT FOR PICK UP. -THANK YOU*****

FILMING SURVEY

FilmLA

6255 W. SUNSET BLVD., 12TH FLOOR, HOLLYWOOD, CA 90028

[illegible].com • PHONE: (213) 977-8600

OFFICE HOURS:
Monday - Friday, 9 AM - 6 PM

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DISTRIBUTED ON: 9 /29/20 ___:___ ☐AM ☐PM

PERMIT APPLICATION #: F00164904

DEAR RESIDENT / BUSINESS REPRESENTATIVE,

Caviar LA, LLC (production company) is planning to film scenes of Project Sleigh JH - Commercial

at the following address: 1214 S St Andrews Pl

PROPOSED DATE(S): PREP: 10/1 . FILM: 10/2. STRIKE:10/3

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PRODUCTION ATTRIBUTES:

- ☐ PARKING:
- ☐ STREET CLOSURES:
- ☒ SPECIAL EFFECTS / SIMULATED GUNS: Almospheric smoke effects
- ☒ OTHER: Equipment on property. Interior dialogue.

QUESTIONS?

YOU MAY CONTACT THE PRODUCTION COMPANY AT THE INFORMATION PROVIDED (RIGHT).

PRODUCTION REPRESENTATIVE: Max Simon (Name) 310-621-3306 (Phone #) jmaxsimon@mac.com (E-mail)

PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:

☑ **I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.**

☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY): ___

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Andrew

ADDRESS: 1206 Grandview Pl

PHONE: ___ E-MAIL: ___

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/29/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

In multiple-unit buildings, managers may sign on behalf of tenants as follows:

Total number of units in building: ___

Addresses signed for: ___

I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA.

MANAGER ADDRESS: ___

MANAGER SIGNATURE: ___

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR EMAIL / FAX A COPY TO ___ BEFORE: / /

GENERAL [illegible]

DRAFT NOT

*****PLEASE REVIEW, SIGN, AND LEAVE OUT FOR PICK UP. -THANK YOU*****

FILMING SURVEY

FilmLA

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PERMIT APPLICATION #: F00164904

DEAR RESIDENT / BUSINESS REPRESENTATIVE,

Caviar LA, LLC (production company) is planning to film scenes of Project Sleigh JH - Commercial (project title)

at the following address: 1214 S St Andrews Pl

PROPOSED DATE(S): PREP: 10/1. FILM: 10/2. STRIKE:10/3

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PRODUCTION ATTRIBUTES:

- ☐ PARKING:
- ☐ STREET CLOSURES:
- ☒ SPECIAL EFFECTS / SIMULATED GUNS: Atmospheric smoke effects
- ☒ OTHER: Equipment on property. Interior dialogue.

QUESTIONS?

YOU MAY CONTACT THE PRODUCTION COMPANY AT THE INFORMATION PROVIDED (with): PRODUCTION REPRESENTATIVE: Max Simon (name) 310-621-3306 (phone #) jmaxsimon@mac.com (E-Mail)

PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:

- ☑ **I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.**
- ☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY):

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Pamela

ADDRESS: 1215 S St Andrews Pl

PHONE: ___ E-MAIL: ___

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/29/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

In multiple-unit buildings, managers may sign on behalf of tenants as follows:

Total number of units in building: ___

Addresses signed for: ___

I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA

MANAGER ADDRESS: ___

MANAGER SIGNATURE: ___

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR EMAIL / FAX A COPY TO ___ BEFORE: / /

GENERAL 1 (2020)

NOT A PERMIT

Permit #F00165329

*****PLEASE REVIEW, SIGN, AND LEAVE OUT FOR PICK UP. -THANK YOU*****

FilmLA

FILMING SURVEY

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filmLA.com • PHONE: (213) 977-8600
OFFICE HOURS:
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DISTRIBUTED ON: 9 / - / __:__ ○AM ○PM

PERMIT APPLICATION #: F00164904

DEAR RESIDENT / BUSINESS REPRESENTATIVE,

Caviar LA, LLC (company name) is planning to film scenes of Project Sleigh JH - Commercial (project title)

at the following address: 1214 S St Andrews Pl

PROPOSED DATES: PREP: 10/1. FILM: 10/2. STRIKE:10/3

PROPOSED HOURS: PREP/STRIKE: 7am-8pm. FILM: 6am-10pm

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- ☐ STREET CLOSURES:
- ☒ SPECIAL EFFECTS / SIMULATED GUNS: Atmospheric smoke effects
- ☒ OTHER: Equipment on property. Interior dialogue.

QUESTIONS?

YOU MAY CONTACT THE PRODUCTION COMPANY AT THE INFORMATION PROVIDED (RIGHT).

PRODUCTION REPRESENTATIVE: Max Simon (Name) 310-621-3306 (Phone #) jmaxsimon@mac.com (E-Mail)

PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:

- ☑ **I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.**
- ☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY):

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Anita

ADDRESS: 1204 St Andrews Pl

PHONE: E-MAIL:

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/27/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

In multiple-unit buildings, managers may sign on behalf of tenants as follows:

Total number of units in building:

Addresses signed for:

I, as property manager of the above building, take responsibility for communicating tenant concerns to FilmLA.

MANAGER ADDRESS:

MANAGER SIGNATURE:

ONCE THIS FORM IS COMPLETED, PLEASE LEAVE TO BE COLLECTED OR EMAIL / FAX A COPY TO _____ BEFORE: / /

GENERAL 1/2020

NOT A PERMIT

Permit #F00165329

*****PLEASE REVIEW, SIGN, AND LEAVE OUT FOR PICK UP. -THANK YOU*****

FILMING SURVEY

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info@FilmLA.com • PHONE: (213) 977-8600

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PERMIT APPLICATION #: F00164904

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PRODUCTION ATTRIBUTES:

☐ PARKING: ___

☐ STREET CLOSURES: ___

☒ SPECIAL EFFECTS / SIMULATED GUNS: Atmospheric smoke effects

☒ OTHER: Equipment on property. Interior dialogue.

QUESTIONS?

YOU MAY CONTACT THE PRODUCTION COMPANY AS THE INFORMATION PROVIDED (BELOW):

PRODUCTION REPRESENTATIVE: Max Simon (Name) 310-621-3308 (Phone #) jmaxsimon@mac.com (E-Mail)

PLEASE INITIAL THE STATEMENT THAT MOST CLOSELY DESCRIBES YOUR VIEW OF THE PROPOSED FILMING:

☑ **I HAVE NO CONCERNS REGARDING THE PROPOSED FILMING.**

☐ **I HAVE CONCERNS WITH THE PROPOSED ACTIVITIES AND THEY ARE** (PLEASE SPECIFY): ___

(Your contact information helps FilmLA ensure the accuracy of survey responses.)

FULL NAME: Tina

ADDRESS: 1208 St Andrews

PHONE: ___ E-MAIL: ___

DATE: / /

☑ VERBAL FEEDBACK OBTAINED ON: 9/29/20

☐ I PREFER NOT TO PROVIDE MY CONTACT INFORMATION.

In multiple-unit buildings, managers may sign on behalf of tenants as follows:

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Addresses signed for: ___

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MANAGER ADDRESS: ___

MANAGER SIGNATURE: ___

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GENERAL * 2020

NOT A PERMIT